







| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) A34493 071308.0216 | |
|---|--------------------------------------|--|--|
| | In re Application of Martin Schröder | | |
| | Application Number 09/955,317 | Filed 09/17/01 | |
| | For SPEED-DEPENDENT SETPOINT | * see attached | |
| | Group Art Unit 2121 | Examiner To be determined | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| One month (37 CFR 1.17(a) | (1)) | . \$ | |
| Two months (37 CFR 1.17(a) |)(2)) | \$ | |
| Three months (37 CFR 1.17) | (a)(3)) | \$ | |
| Four months (37 CFR 1.17(a |)(4)) | \$ | |
| Five months (37 CFR 1.17(a |)(5)) | \$ | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | |
| The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377 I have enclosed a duplicate copy of this sheet. | | | |
| I am the applicant/inventor | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. | | | |
| attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| December 3, 2001 | Meduria | Crust | |
| Date | Signa | iture \ | |
| PTO Reg No.: 27,551 | Bradley B. G | eistd or printed name | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of Community Mand | | | |